

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 9 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2691

## 1. PLACE OF DEATH

County RandolphRegistration District No. 732Township MoniteauPrimary Registration District No. 4437City Highlee(No. 1)St. HighleeWard 1

## 2. FULL NAME

(a) Residence, No. Mary E. Pitney  
(Usual place of abode)St. HighleeWard. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

O. S. Pitney deceased

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 23 1882

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

8419

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Randolph County Mo

## FATHER

## 13. NAME

Harvey White

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

## MOTHER

## 15. MAIDEN NAME

Vienna Helman

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

## 17. INFORMANT (ADDRESS)

Frank Pitney Highlee Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Luther Cem. DATE Jan 13 1937

## 19. UNDERTAKER (ADDRESS)

C. F. Feland Highlee Mo

## 20. FILED

Jan 12 1937J. W. Wynn

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 193722. I HEREBY CERTIFY That I attended deceased from Dec 25 1936 to Jan 10 1937I last saw her alive on Jan 10 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of ..... 1072

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. V. Durden M. D.(Address) Highlee, Mo

